



Birth Certificate Office (985) 898-3712

YOUR BABY'S BIRTH CERTIFICATE What You Need to Know

Congratulations! You are about to name your new baby and provide information for your child's birth certificate. In addition to naming your baby, it is important to know how vital the other required information is on the birth certificate.

The birth certificate is a legal document that will verify your child's identity, age, parents, and U.S. citizenship. This document will be utilized by your child throughout his/her life. For example, a birth certificate will be required for your child to enter school, play sports, apply for a driver's license, and obtain a passport. For these reasons, it is extremely important that the information you provide now, about your baby, yourself, and your baby's father, be *complete and accurate*.

Birth certificates serve additional purposes. The medical information you provide in this packet is studied to determine the best ways of keeping expectant mothers and newborns healthy. For example, previous information collected revealed that smoking in pregnancy can cause lower birth weight babies, and taking folic acid during pregnancy can reduce possible birth defects. Birth certificate information is used to calculate the number of births in the U.S. annually. The additional information provided is utilized by health programs to identify the need for mother and child services. Items such as parent's education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child. LEER's Center for Records & Statistics will record your baby's birth certificate, and is responsible for keeping each birth certificate safe, secure, and private. They will issue certified copies of the birth certificate *only* to those who are authorized under the law to request them, and they will ensure that information used for research does not include any personal information about you, your baby or your baby's father.

You can also help keep your child's birth certificate safe and secure by following these simple rules:

- Never sign a blank birth certificate worksheet.
- Always check over the information you have provided to make sure it is *complete* and *accurate* before you sign.
- When you receive an official copy of the birth record, check it *immediately* to see that it is complete and correct. Any corrections found within 90 days can be handled at the hospital. If within 90 days, please call Birth Certificate department within St. Tammany Health System at (985) 898-3712.
- After 90 days if a correction is found, vital records will charge you a fee. You may need to go to the Louisiana Center for Records and Statistics listed below. To save yourself time, contact them first.
- If you have not received your child's birth certificate within 3 months, please contact the Center for Records and Statistics listed below.
- Make sure any certified copies that are sent by mail for official purposes (such as applying for a passport) are returned to you.
- Keep any original certified copies of the birth certificate in a safe place.
- Never give anyone else your child's original birth certificate for any purpose.
- Never alter any information on a certified copy of a birth certificate.

If you have any questions about your baby's birth certificate, please contact Center for Records and Statistics as shown below. *We thank you for providing this important information.*

Center for Records and Statistics
P. O. Box 60630, New Orleans, LA 70160
Phone: (504) 593 - 5100
Fax: (504) 568 - 8716
Email: _dhh-vitalweb@la.gov

BIRTH CERTIFICATE WORKSHEET

CHILD'S NAME

PLEASE PRINT LEGIBLY

PLEASE DO NOT TAKE HOME

Last	First	Middle	Suffix
Would you like to request a social security number for your child? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you like to request an immunization reminder for your child? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ (Signature of Infant's Mother or Father)		_____ (Date)	
_____ (Signature of Infant's Mother or Father)		_____ (Date)	

MOTHER'S CURRENT LEGAL NAME

Last	First	Middle	Suffix
MOTHER'S DATE OF BIRTH		MOTHER'S PLACE OF BIRTH (COUNTRY, STATE AND CITY WHERE HOSPITAL WAS LOCATED)	
____/____/____ (MM/DD/YY)		Country	State/Territory/Province
		City	

MOTHER'S MAIDEN NAME (LAST NAME PRIOR TO MARRIAGE)

Last	First	Middle	Suffix
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MOTHER'S RESIDENCE

Street Address	City/State	Apt. #	Zip Code
Parish/County	Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Mailing Address if Different from Residence	

MARITAL STATUS

MOTHER'S SOCIAL SECURITY

MOTHER'S PHONE NUMBER

1. Has mother ever Married in her lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Has mother ever been Divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. If yes, need date of divorce (MM/DD/YYYY) _____ 4. Was mother Married at birth, conception or any time in-between <input type="checkbox"/> Yes <input type="checkbox"/> No 5. If No, has Paternity Acknowledgement been signed in the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____	_____ _____ _____
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NOTE: The following information is mandatory for statistical purposes by the State of Louisiana

Mother's Height: ____ Feet ____ Inches Pre-Pregnancy Weight: ____ Pounds Weight at Delivery: ____ Pounds	Number of previous live births (DO NOT include this child) # of children now living: _____ # of children now dead: _____ Date of last live Birth: ____/____/____ MM / YYYY	Number of other pregnancy outcomes (miscarriages, abortions-spontaneous or induced losses or ectopic pregnancies) DO NOT include this pregnancy # of these outcomes _____ Date of last Preg. Outcome ____/____ (MM/YY)	Did mother get WIC food for herself during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No Baby going to be fed by: Breast Formula Both
Mothers Education: check highest level completed at time of delivery. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th – 12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed. <input type="checkbox"/> Some college credit, no degree <input type="checkbox"/> Associate degree (e.g. AS, AA) <input type="checkbox"/> Bachelor's degree (e.g. BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (eg .PhD., EdD, or a Professional degree (MD, DDS, DVM, LLB, JD.) <input type="checkbox"/> Unknown	Is Mother of Hispanic origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina) (Check the "No" box if mother is not Spanish/Hispanic/Latina) <input type="checkbox"/> No, not Spanish/ Hispanic/ Latina <input type="checkbox"/> Yes, Mexican, Mexican American <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____ <input type="checkbox"/> Unknown if Hispanic/ Spanish/ Latina	Mother's Race: (Check one or more races to indicate what race the mother considers herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled principal tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown	Alcohol use during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance coverage for baby: ____ Medicaid ____ Private ____ Self-Pay ____ Champus- Tricare Cigarette smoking before and during pregnancy? If none enter 0 Average # of cigarettes or packs smoked per day: * 3 Months before pregnancy ____ # cigs. OR ____ # packs * First 3 Months of pregnancy ____ # cigs. OR ____ # packs * Second 3 Months of pregnancy ____ # cigs. OR ____ # packs * Third trimester of pregnancy ____ # cigs. OR ____ # packs

FATHER'S INFORMATION**FATHER'S CURRENT LEGAL NAME**

Last	First	Middle	Suffix
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FATHER'S PLACE OF BIRTH (COUNTRY, STATE AND CITY WHERE HOSPITAL WAS LOCATED)

Country	State/Territory/Province	City
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FATHER'S DATE OF BIRTH**FATHER'S SOCIAL SECURITY #****FATHER'S PHONE NUMBER**

____/____/____ (MM/DD/YY)

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Father's Education: check highest level completed at time of delivery.

- 8th grade or less
 9th – 12th grade, no diploma
 High school graduate or GED completed.
 Some college credit, no degree
 Associate degree (e.g. AS, AA)
 Bachelor's degree (e.g. BS)
 Master's degree
(e.g. MA, MS, MEng, Med, MSW, MBA)
 Doctorate (eg .PhD., EdD, or a Professional degree (MD, DDS, DVM, LLB, JD.)
 Unknown

Is Father of Hispanic origin?

(Check the box that best describes whether the father is Spanish/Hispanic/Latina)
(Check the "No" box if father is not Spanish/Hispanic/Latina)

- No, not Spanish/ Hispanic/ Latina
 Yes, Mexican, Mexican American
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latina (Specify) _____
 Unknown if Hispanic/ Spanish/ Latina

Father's Race: (Check one or more races to indicate *what race the father considers himself to be*)

- White
 Black or African American
 American Indian or Alaska Native (Name of the enrolled principal tribe): _____ Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Other Asian (Specify) _____
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander (Specify) _____
 Other (Specify) _____
 Unknown

PLEASE DO NOT FORGET TO SIGN AT BOTTOM OF PAGE**MOTHER OR FATHER SIGNATURE IS REQUIRED FOR THE COMPLETION OF THE BIRTH CERTIFICATE**

Name of person providing information for this worksheet: _____
LAST FIRST MIDDLE SUFFIX

Relationship to baby: Parent Other (specify): _____

Date worksheet was completed: _____ (MM/DD/YYYY)

***If you check "YES", disclosure of parental Social Security Numbers is required by 42USC 405(C)(2) as amended by section 1090 (B) of Public Law 105-34. The information will be used by the Internal Revenue Services (IRS) solely for the purpose of determining earned income tax credit compliance.

I, the undersigned, certify that the above stated information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

IF YOU ARE A SINGLE PARENT/NOT MARRIED AND PUTTING THE FATHER ON THE BIRTH CERTIFICATE PLEASE COMPLETE IN FULL THE FOLLOWING FORM

Acknowledgement forms executed for parents Signatures.

For the Father to be on the Certificate, Father **MUST** be present at the time of signing the Acknowledgement of Paternity.
If the Father is under 18 Years of age, his guardian **MUST** be present to sign.

Father's Address _____
(street, city, state, zip code and parish)

Father's Phone Number _____

Father's Place of Employment _____ Phone _____

Employer Address _____
(street, city, state, zip code and parish)

Father's Occupation _____

Father's Guardian (if under 18 yrs. old) ___ Yes ___ No Guardian's Full Name: _____

Guardian's Address _____ Phone _____

Does Father have Private Insurance? ___ Yes ___ No If YES, please provide the following information:

Name of Private Insurance Company _____

Address of Insurance _____

Policy # _____

Phone # _____ Will child be added to Insurance? ___ Yes or ___ No

MOTHER'S INFORMATION

Mother's Place of Employment _____ Mother's Occupation _____

Employer's Address _____ Phone _____

MEDICAID ___ Yes ___ No If YES, please provide Medicaid # _____

Private Ins. _____ Address _____

Policy # _____ Phone _____



**If You Are Married with MEDICAID
and/or any Other Health Insurance
PLEASE COMPLETE ENTIRE FORM**

Does your Husband have insurance? Yes No

If Yes, please give the name of the INSURANCE COMPANY, Policy #, Group #, Phone No. and the Address:

Name of Insurance: _____

Address _____

Policy # _____

Insurance Co # (_____) _____ Husband's Occupation: _____

Name, Address, Parish and Phone No. of Company where husband is employed?

Will Child be added to his Insurance: Yes No Husband's Contact # (_____) _____

WIFE'S INFORMATION:

Are you on Your Husband's Insurance? Yes No

Do you have insurance besides having Medicaid? Yes No

Name of Insurance _____

Address _____

Policy # _____

Telephone # (_____) _____ WIFE'S OCCUPATION _____

Name, Address, Parish, and Phone No. of your employment

***** IMPORTANT NOTICE *****

Louisiana Vital Records requires that your baby's birth certificate worksheet be **COMPLETED AND SIGNED before you are Discharged from the Hospital.** If the birth certificate worksheet is not complete, it will cause you needless delay in receiving your baby's birth certificate, social security number, and Medicaid (if applied for). Please complete as soon as possible while in the hospital.

Any **Acknowledgement of Paternity** (AOP) should be completed prior to discharge, or you will have to return to the hospital within seven days.

Thank you for your cooperation,

Birth Certificates



EFFECTIVE AUGUST 1, 2016

In accordance with Act 434 of the 2016 Regular Louisiana Legislative Session, the 3-Party Acknowledgment of Paternity shall no longer be used to remove the presumed father and place a biological father on a child's birth record.

If a mother was married within 300 days of the birth, her husband/ex-husband shall be the presumed father, and he **MUST** be listed on the birth certificate that is submitted to Vital Records through LEERS.

In order to remove the presumed father or to have the biological father placed on the child's birth record after the record is filed with Vital Records, the parties are advised to contact an attorney to obtain a court order for disavowal or paternity judgment.

Should you have any questions regarding this process, please contact LEERS by phone at **(504) 593-5101**.



Three-Party Acknowledgment of Paternity - DNA Testing

The three-party AOP was made available by [Louisiana Law](#) in Spring 2018 with a requirement that the completed affidavit be submitted with a DNA-based paternity test confirming the biological father.

Vital Records is only able to accept these tests if certified as "Legal" or "Court Legal" tests by the lab conducting the paternity testing. This option is normally the more expensive one, but is required to ensure chain of custody and proper identity verification. "Personal Knowledge" type tests are not acceptable for the purposes of accepting a three-party AOP.

All reputable DNA labs providing paternity services will be familiar with the "Legal" testing option. If the parents have any questions about whether a certain DNA test is acceptable, they can contact Vital Records at (504) 593-5100.



Dear Parent(s),

Congratulations on the birth of your baby, per Department of Health and Hospitals Office of Public Health Louisiana Vital Records Registry Louisiana law (LSA R.S. 40:44) provides that a certificate of every child's birth shall be filed with the Registrar of Vital Records within fifteen (15) days after the birth. For births that occur within a hospital or en route thereto, the law (LSA R.S. 40:45) requires that the hospital prepare the birth record. In addition to the medical information normally maintained by your hospital, the birth registration authority requires that detailed information be collected about the mother and father. That information must be provided by the parents or some other person who is knowledgeable about the parents. Louisiana Vital Statistics law establishes severe penalties (LSA R.S. 40:61) in terms of both fines and imprisonment for any person convicted of willfully and knowingly making false statements intended for use in preparing a birth record or who refuses to provide required information.

If you have any questions regarding the above, please contact the Birth Certificate Clerk at St. Tammany Parish Hospital 1202 S. Tyler St., Covington, LA. 70433, or call 985-898-3712.

Parents Statement:

I understand that the above information is required to complete the birth registration process. If I fail to provide the information before the "Scheduled Record Transmission Date", I understand that my child's birth record will be processed in a suspended status and that no certified copies will be issued until all discrepancies are resolved. I will not receive a complimentary certified copy. It will be my responsibility to contact Vital Records Registry and resolve all discrepancies. I will be responsible for the payment of all statutory document alteration/correction and issuance fees.

Parent's Signature

Date

Hospital Representative Statement:

This will certify that the parents failed to provide the above cited information within the prescribed time period.

Process the birth record as a suspended record.

Representative's Signature

Date

Accredited by

